



RENTAL APPLICATION AND DEPOSIT RECEIPT

25717 SO. HAWTHORNE BLVD. 3 FLOOR TORRANCE, CA 90505 TELEPHONE: (310) 373-9382 FAX: (310) 791-0576

(All selections must be completed)

Individual applications required from each proposed occupant 18 years of age or older

How did you hear about this apartment building? Newspaper, flyer, sign, internet, etc.?

Name: Last First Middle Phone: () - Mobile: () - Social Security #: Driver's Lic and State: Birth date: Mo/Day/Yr

LIST ALL ADDITIONAL OCCUPANTS WHO WILL RESIDE IN UNIT

Name: Birth date: Name: Birth date:

RENTAL HISTORY

1. Current Address: Street Unit# City State Zip How Long? From (Month/Year): To: Rent Paid: Owner/Manager: Tel: Reason for leaving:

2. Previous Address: Street Unit# City State Zip How Long? From (Month/Year): To: Rent Paid: Owner/Manager: Tel: Reason for leaving:

CURRENT EMPLOYMENT

Company Name: Address: Phone: Occupation: Monthly Salary: \$ Name of Supervisor: Dates of Employment-From: To:

PREVIOUS EMPLOYMENT

Company Name: Address: Phone: Occupation: Monthly Salary: \$ Name of Supervisor: Dates of Employment-From: To:

BANKING INFORMATION

Name of Bank/S&L/Credit Union: Branch Address: Checking #: Approx. Bal. Savings #: Approx. Bal.

CREDIT REFERENCES (Open & Closed)

Table with 6 columns: NAME OF COMPANY & ADDRESS, ACCT. NO., DATE OPEN, HIGH CREDIT, MO. PAYMENTS, BALANCE

EMERGENCY CONTACT

Name: Address: Relationship: Phone: ()

VEHICLES (Operable Automobiles including Trucks, Vans, Motorcycles)

Year: Make: Model Color: License#: State: Year: Make: Model Color: License#: State:

ADDITIONAL INFORMATION

- 1. Have you ever had any credit problems? Yes No
2. Have you ever had an unlawful detainer filed against you? Yes No
3. Have you ever been evicted for non-payment of rent or for any other reason? Yes No
4. Have you ever filed for bankruptcy? Yes No
5. Have you ever been convicted of a felony? Yes No If yes, What When
6. Do you have any pets? Yes No If yes, How many Describe
7. Will you be using any water-filled furniture in your residence? Yes No
8. Have you ever used any other names? Yes No If yes, How many List:
9. Do you receive income other than salary? Yes No If yes, Source? Amt:

Applicant represents that all of the above statements are true and correct and hereby authorizes their verification including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references on request.

The undersigned Landlord or Agent hereby acknowledges receipt from the undersigned applicant a deposit to secure the rental of the accommodations identified below.

It is understood that this deposit is accepted subject to vacation of the premises by present occupants, if any, and also subject to Landlord's final approval of Applicant after investigation of references.

In the event of final approval by the Landlord and the vacation of the premises by the present tenants, if any, the amount of this deposit shall be applied to the first month's rental.

The undersigned makes application to rent housing accommodations designated as:

Apt. No. Located at: The rental for which is \$ per month, rental to begin, 20. Upon approval of this application applicant(s) agrees to sign rental agreement and to make all payments due before occupancy.

LANDLORD/AGENT MABRY MANAGEMENT CO., INC.

DATED:

Applicant:

Rv:

ACCT NUMBER APT. NAME

Table with 6 rows: RENT, SEC. DEP., OTHER, TOTAL, LESS DEP., BAL. DUE